



Outpatient Fine Needle Aspiration (FNA) Biopsy Services *by appointment*

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**FINE NEEDLE ASPIRATION & ULTRASOUND
REFERRAL FORM**

Patient Name: _____ **D.O.B.:** _____

Patient Phone #: _____ **Patient Email Address:** _____

Appointment Date: _____ **Time:** _____

Referring Physician: _____

Office Phone#: _____ **Fax #:** _____

Site of mass (lump):

Pertinent Patient History & ICD- 9 codes: _____

REFERRING PHYSICIAN SIGNATURE: _____

* Please fax this form and any accompanying radiology reports to the above number.

To the patient:

- Please call to make an appointment
- Fax or bring this form with you to the appointment
- Please bring your insurance card and a photo ID

OFFICE LOCATIONS:

BEVERLY HILLS OFFICE
415 N. Crescent Drive, Suite 200
Beverly Hills, CA 90210

WEST LOS ANGELES OFFICE
2143 S. Sepulveda Blvd, Suite 300
Los Angeles, CA 90025